#### FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F1N Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind,or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID:

# 1503-141-1875

FEC FORM 1

Only

### STATEMENT OF **ORGANIZATION**

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Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Freethought Equality Super PAC 1777 T Street NW ADDRESS (number and street) (Check if address is changed) Washington 20009 STATE A ZIP CODE A CITY A COMMITTEE'S E-MAIL ADDRESS info@freethoughtequality.org (Check if address is changed) **Optional Second E-Mail Address** COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2015 DATE FEC IDENTIFICATION NUMBER > AMENDED (A) IS THIS STATEMENT NEW (N) OR I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Torpy, Jason Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, errongous, or incomplete information may subject the person signing this Statement to the penalties of 2.U.S.C. \$437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

141	
1 8 7 6	

_		m 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Cand	lidate	Committee:	
(a)	Ц	This committee is a principal campaign committee. (Complete the candidate information below.)	
b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	lete the candidate
Name Candio			
Candid Party	date Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	/ Con	nmittee:	
(d)			Democratic, Republican, etc.) Par
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected organization i
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
<b>1</b> 0	( <del></del> )		
(f)	$\times$	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated lund or pa
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
loint	Func	Iraising Representative:	
g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	o or more political
.37		committees/organizations, at least one of which is an authorized committee of a federal candidate.	,
h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	

Pag	e	3

Write or Type Committee Nan	ne ·
Freethought Ed	quality Super PAC
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
None	
Mailing Address	
·	
	CITY STATE ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
7. Custodian of Records: Id books and records.	entify by name, address (phone number optional) and position of the person in possession of committee
Roy Spe	ckhardt
Full Name	2101 16th Street NW APT 820
Mailing Address	
	Washington DC 20009
Title or Position	CITY STATE ZIP CODE
Custodian	Telephone number 202 - 550 - 9775
8. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name Jason To	ırpy
Mailing Address	5709 Fenwick Dr
	Alexandria VA 22303 - III CODE
Title or Position Treasurer	Telephone number 614 - 329 - 1776
	1

CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 02/2009)

Name of Bank, Depository, etc.

Mailing Address

1503-141-1878

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Mailing Address  CITY  STATE  ZIP CO  [AD]  Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC:  Mailing Address  CITY  STATE  ZIP CO  Connected Organization  Affiliated Committee  Joint Fundralsing Representative  Leadership PAC  Designated Agent	Page 0	Page		06/2011)	FEC Form 15 (Revised C
CITY A STATE ZIP CO  Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC :  Mailing Address  CITY STATE ZIP CONNECTED Organization  Affiliated Committee Joint Fundraising Representative Leadership PAC III Name  Amanda Knief  Full Name  Mailing Address  16 South Avenue  Cranford  NJ 07016		ds, holds accounts, rent	ch the committee deposits fund	ns funds.	safety deposit boxes or maintai
CITY A STATE ZIP CO  Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC :  Mailing Address  CITY STATE ZIP CONNECTED Organization  Affiliated Committee Joint Fundraising Representative Leadership PAC :  Designated Agent [ADDIT Fundraising Representative Amanda Knief Full Name Amanda Knief Full Name Amanda Knief Full Name Mailing Address 16 South Avenue	لىسى	11111			للللا
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC  Mailing Address  CITY  STATE  ZIP  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  Designated Agent  Full Name  Amanda Knief  Full Name  Mailing Address  16 South Avenue  Cranford  NJ 07016	لىبىن		· · · · · · · · · · · · · · · · · · ·		Mailing Address
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC  Mailing Address  CITY  STATE  ZIP  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  Designated Agent  Full Name  Amanda Knief  Full Name  Mailing Address  16 South Avenue  Cranford  NJ 07016	لتتتت	<del></del>			
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC  Mailing Address  CITY  STATE  ZIP  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  Designated Agent  Full Name  Amanda Knief  Full Name  Mailing Address  16 South Avenue  Cranford  NJ 07016	لــــا-ل	ا-لىسىا-ل	ليا لييب	<u>L,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC states.  Mailing Address  CITY  STATE  ZIP  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  Amanda Knief  Full Name  Mailing Address  16 South Avenue  Cranford  NJ 07016	ODE 🔺	ZIP CODE	STATE 4	CITY 🗖	
Mailing Address  CITY STATE ZIP Connected Organization  Affiliated Committee Joint Fundraising Representative Leadership PAC  Designated Agent Full Name  Mailing Address  16 South Avenue  Cranford  NJ 07016	DITIONAL ] Sponsor		draising Representative, or L	anization, Affiliated Committee, Joint F	Name of Any Connected Org
CITY STATE ZIP Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC  Designated Agent Full Name Mailing Address 16 South Avenue  Cranford NJ 07016	لبيبيا				
CITY STATE ZIP Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC  Designated Agent Full Name Mailing Address 16 South Avenue  Cranford NJ 07016	لبببيا				<u> </u>
Relationship: Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  Designated Agent Full Name  Mailing Address  16 South Avenue  Cranford  NJ 07016					Mailing Address
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Relationship: Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  Designated Agent Full Name  Mailing Address  16 South Avenue  Cranford  NJ 07016	لــــا-لــــا	ا-لىسا-ل	لبا لبيب		~
Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC  ADDIT  Amanda Knief  Full Name  Mailing Address  16 South Avenue  Cranford  NJ 07016	CODE 📥	ZIP CODE	STATE 🏝	CITY	elationship:
Amanda Knief  Full Name  16 South Avenue  Cranford  NJ 07016	Sponsor	Leadership PAC Spon	ndraising Representative	Affiliated Committee Joint	7 ·
Amanda Knief Full Name  16 South Avenue  Cranford  NJ 07016	FIONAL ]	[ ADDITION			Designated Agent
Cranford NJ 07016				(nief <u>                                    </u>	· · · · · · · · · · · · · · · · · · ·
				16 South Avenue	Mailing Address
Title or Position   CITY   STATE  ZIP		07016	<u>NJ</u>	Cranford	
	CODE	ZIP COD	STATE	CITY 🏝	Title or Position
Board Member Telephone number 202 – 495	9974	202 - 495 -	Telephone number		Board Member
Joint Fundraiser Participant [ADDIT	IONAL]	[ ADDITION			Joint Fundraiser Participant
FEC ID number C		С	FEC ID number		سسسسا

# FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

	ed 06/2011)		Page 7
Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository,	intains funds.	nich the committee deposits funds	, holds accounts, rents
• •	<u> </u>		
Mailing Address			
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	CITY 🗖	STATE <b>△</b>	ZIP CODE 🛕
Name of Any Connected C	Organization, Affiliated Committee, Joint Fu	ndraising Representative, or Le	[ ADDITIONAL adership PAC Sponsor
Mailing Address		<u> </u>	
		ليا ليبي	ــــا-لـــــا
ation at in	CITY	STATE	ZIP CODE
ationship: Connected Organization	Affiliated Committee Joint Fu	undraising Representative	eadership PAC Sponsor
	——————————————————————————————————————		[ ADDITIONAL ]
Designated Agent			
Designated Agent Debbie Full Name	e Allen		
Debbie	e Allen 700 Front Street		
Debbie Full Name			
Debbie Full Name	700 Front Street		92101 -
Debbie Full Name	700 Front Street  APT 2701	CASTATE♣	92101 – ZIP CODE 🌢
Full Name Debbie Mailing Address	700 Front Street  APT 2701  San Diego		ZIP CODE &

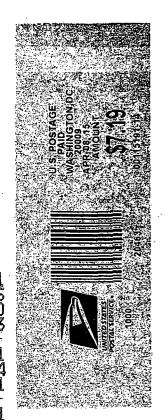
# FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised	06/2011)		Page 8
Banks or Other Depositories safety deposit boxes or mainta Name of Bank, Depository, et	ains funds.	the committee deposits funds, t	nolds accounts, rents
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		<del>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </del>	لتتستيين
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	CITY 🗖	STATE <b>△</b>	ZIP CODE 🛕
Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundra	aising Representative, or Leac	[ ADDITIONAL ] dership PAC Sponsor
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سيسسسا			لتتبيين
Mäiling Address			ليبيبين
	<u> </u>		ليبيبيب
		ا ليا لينت	ليبيا-ليبيا
Relationship:	CITY	STATE 🌢	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundr	raising Representative Le	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Susan S Full Name	ackett		
Mailing Address	7390 East Milton Drive		
·			
	Scottsdale	AZ	85266 –
Title or Position	CITY 🌢	STATE	ZIP CODE
Secretary		Telephone number480	) - 502 - 0403
Joint Fundraiser Participan	it	<del></del>	[ ADDITIONAL ]
ليبينين		FEC ID number C	

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Ederal Election Commission 999 Estreet NW Nashington, OC 20463





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USPS Priority Mail Express	Postmarked
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No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
PREPARER	4/13/15 DATE PREPARED
(3/2015)	<del> </del>